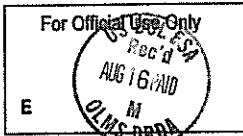


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7614</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Michael S. Agres</u> P.O. Box, Bldg., Room No., if any Street <u>2814 E. Altadena Ave.</u> City <u>Phoenix</u> State <u>AZ</u> ZIP Code + 4 <u>85028</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Locomotive Engineers &amp; Trainmen</u> Labor Organization File Number <u>015-114</u> P.O. Box, Building and Room Number, if any <u>Standard Building</u> Street <u>1370 Ontario Street</u> City <u>Cleveland</u> State <u>OHIO</u> ZIP Code + 4 <u>44113-1702</u>
5. Position in labor organization. <u>Secretary - Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael Agres

On

7-15-05  
Date

602 5102056  
Telephone Number

Name of Person Filing <i>Michael S. Ayres</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Bauer &amp; Baebler, P.C.</i></p> <p>Trade Name, if any: <i>Designated Counsel for the BLE.</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>10 10 Market Street STE. 350</i></p> <p>City <i>Saint Louis</i></p> <p>State <i>Missouri</i> ZIP Code + 4 <i>63101</i></p>	<p>14.a. Nature of payment.</p> <p><i>Provided dinner for the Secretary/Treasurer training class which I attended on the evening of February 9th 2004, in Kansas City</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <i>\$ 29.55</i></p>

Name of Person Filing <u>Michael S. Ayres</u>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State <span style="float: right;">ZIP Code + 4</span>	<b>9. Business deals with:</b>  <div style="margin-left: 40px;">             a. Labor Organization               b. Trust               c. Employer           </div>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State <span style="float: right;">ZIP Code + 4</span>	<b>11.a. Nature of such dealing.</b>      
	<b>11.b. Approximate dollar value of such dealing.</b>
	<b>12.a. Nature of interest held or income received.</b>      
	<b>12.b. Amount.</b>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>Hubbel, Peak, Oneal, Napier, Leach</u> Trade Name, if any: <u>Designated Legal Counsel BLE</u> P.O. Box, Bldg., Room No., if any Street <u>30 West Pershing Rd. STE 350</u> City <u>Kansas City</u> State <u>Missouri</u> <span style="float: right;">ZIP Code + 4 <u>64108</u></span>	<b>14.a. Nature of payment.</b>  <u>Provided Dinner For the Secretary/ Treasurer training class which I attended on the evening of February 10th 2004 in Kansas City</u>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14.b. Amount of payment.</b> <u>\$ 28.95</u>